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**DATE:** April 11, 2007

**PTO IDENTIFIER:** Application Number 09/910,170-Conf. #1865  
Patent Number

**Inventor:** Howard TAITEL

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** LAHIVE & COCKFIELD, LLP

EuiHoon Lee

**PHONE:** (617) 227-7400

**Attorney Dkt. #:** MWS-041

**PAGES (Including Cover Sheet):** 32

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Transmittal (1 page)  
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Amendment After Final Action Under 37 C.F.R. 1.116 (23 pages)  
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PTO/9B/07 (08-04)

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Application No. (if known): 09/910,170

Attorney Docket No.: MWS-041

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Transmittal (1 page)

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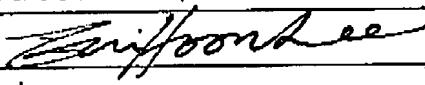
Total Number of Pages In This Submission

Application Number	09/910,170-Conf. #1865
Filing Date	July 20, 2001
First Named Inventor	Howard TAITEL
Art Unit	2181
Examiner Name	F. Coby
Attorney Docket Number	MWS-041

**ENCLOSURES (Check all that apply)**

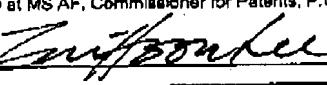
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	EuiHoon Lee		
Date	April 11, 2007	Reg. No.	L0248

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PTO/SB/17 (02-07)

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<b>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL For FY 2007</b>		<b>Application Number</b>	09/910,170-Conf. #1865
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Filing Date</b>	July 20, 2001
<b>TOTAL AMOUNT OF PAYMENT (\$)</b>		<b>First Named Inventor</b>	Howard TAITEL
1,520.00		<b>Examiner Name</b>	F. Coby
		<b>Art Unit</b>	2161
		<b>Attorney Docket No.</b>	MWS-041

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP				
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<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	50	25
Each independent claim over 3 (including Reissues)	200	100

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
28	- 42 =	x	=		

HP = Highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
7	- 10 =	x	=		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/60	(round up to a whole number) x		

<u>Dated:</u>	<u>Signature:</u>	<u>Registration No.</u>	<u>Telephone</u>
April 11, 2007	EuiHoon Lee	L0248	(617) 227-7400

<u>Name (Print/Type)</u>	<u>Date</u>
EuiHoon Lee	April 11, 2007

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Dated: April 11, 2007 Signature: EuiHoon Lee (EuiHoon Lee)